

Allowances for Tenant-Furnished Utilities and Other Services

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 9/30/2010)

See Public Reporting Statement and Instructions on back

| Locality | | Unit Type | | | | | Date (mm/dd/yyyy) |
|---------------------------------|-------------------|---------------------------|------|------|------|------|-------------------|
| Franklin County | | Single Family | | | | | 04/30/2008 |
| Utility or Service | | Monthly Dollar Allowances | | | | | |
| | | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | a. Natural Gas | 38 | 52 | 67 | 81 | 102 | 116 |
| | b. Bottle Gas | 75 | 105 | 135 | 165 | 210 | 240 |
| | c. Oil / Electric | 25 | 32 | 43 | 52 | 65 | 73 |
| | d. Coal / Other | 76 | 106 | 136 | 166 | 212 | 242 |
| Cooking | a. Natural Gas | 5 | 7 | 10 | 11 | 14 | 16 |
| | b. Bottle Gas | 10 | 15 | 19 | 23 | 29 | 33 |
| | c. Oil / Electric | 5 | 6 | 8 | 9 | 11 | 13 |
| | d. Coal / Other | | | | | | |
| Other Electric | | 29 | 35 | 41 | 47 | 55 | 60 |
| Air Conditioning | | 9 | 11 | 13 | 16 | 19 | 21 |
| Water Heating | a. Natural Gas | 27 | 33 | 39 | 44 | 53 | 58 |
| | b. Bottle Gas | 27 | 38 | 49 | 60 | 77 | 88 |
| | c. Oil / Electric | 14 | 18 | 22 | 27 | 34 | 38 |
| | d. Coal / Other | | | | | | |
| Water | | 12 | 13 | 16 | 20 | 26 | 32 |
| Sewer | | 32 | 32 | 33 | 35 | 37 | 39 |
| Trash Collection | | 11 | 11 | 11 | 11 | 11 | 11 |
| Range/Microwave | | 7 | 7 | 7 | 7 | 7 | 7 |
| Refrigerator | | 6 | 6 | 6 | 6 | 6 | 6 |
| Other -- specify Storm Water | | | | | | | |

Actual Family Allowances To be used by the family to compute allowance.
Complete below for the actual unit rented.

Name of Family

Address of Unit

Number of Bedrooms

| Utility or Service | per month cost |
|--------------------|----------------|
| Heating | \$ |
| Cooking | |
| Other Electric | |
| Air Conditioning | |
| Water Heating | |
| Water | |
| Sewer | |
| Trash Collection | |
| Range/Microwave | |
| Refrigerator | |
| Other | |
| Total | \$ |

Allowances for Tenant-Furnished Utilities and Other Services

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 9/30/2010)

See Public Reporting Statement and Instructions on back

| Locality | | Unit Type | | | | | Date (mm/dd/yyyy) |
|---------------------------------|-------------------|---------------------------|------|------|------|------|-------------------|
| Franklin County | | Multi-Family | | | | | 04/30/2008 |
| Utility or Service | | Monthly Dollar Allowances | | | | | |
| | | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | a. Natural Gas | 27 | 33 | 39 | 44 | 53 | 58 |
| | b. Bottle Gas | 61 | 91 | 122 | 152 | 195 | 226 |
| | c. Oil / Electric | 23 | 30 | 41 | 48 | 58 | 65 |
| | d. Coal / Other | 47 | 64 | 79 | 90 | 108 | 125 |
| Cooking | a. Natural Gas | 4 | 6 | 8 | 10 | 13 | 15 |
| | b. Bottle Gas | 9 | 12 | 16 | 20 | 26 | 32 |
| | c. Oil / Electric | 4 | 6 | 7 | 8 | 10 | 12 |
| | d. Coal / Other | | | | | | |
| Other Electric | | 29 | 35 | 41 | 47 | 55 | 60 |
| Air Conditioning | | 7 | 10 | 12 | 14 | 17 | 20 |
| Water Heating | a. Natural Gas | 27 | 33 | 39 | 44 | 53 | 58 |
| | b. Bottle Gas | 27 | 38 | 49 | 60 | 77 | 87 |
| | c. Oil / Electric | 13 | 17 | 22 | 28 | 32 | 36 |
| | d. Coal / Other | | | | | | |
| Water | | 12 | 12 | 14 | 17 | 21 | 27 |
| Sewer | | 32 | 32 | 33 | 33 | 34 | 36 |
| Trash Collection | | 11 | 11 | 11 | 11 | 11 | 11 |
| Range/Microwave | | 7 | 7 | 7 | 7 | 7 | 7 |
| Refrigerator | | 6 | 6 | 6 | 6 | 6 | 6 |
| Other -- specify Storm Water | | | | | | | |

Actual Family Allowances To be used by the family to compute allowance.
Complete below for the actual unit rented.

Name of Family

Address of Unit

Number of Bedrooms

| Utility or Service | per month cost |
|--------------------|----------------|
| Heating | \$ |
| Cooking | |
| Other Electric | |
| Air Conditioning | |
| Water Heating | |
| Water | |
| Sewer | |
| Trash Collection | |
| Range/Microwave | |
| Refrigerator | |
| Other | |
| Total | \$ |